

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-874)

SERIAL NO.

10/ 560299

FILING DATE

2/13/2010

APPLICANT(S)

12/12/05 JMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1		1	
2				1		1
3						1
4			1		1	
5						1
6						1
7						1
8						1
9						1
10						1
11						1
12						1
13						1
14						1
15						1
16						1
17						1
18						1
19						1
20						1
21						1
22			1		1	
23						1
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49						
50						
TOTAL IND.		↓	3	↓	3	↓
TOTAL DEP.		←	30	←	30	←
TOTAL CLAIMS			33		33	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						